



*Embassy of the United States of America
Phnom Penh, Cambodia*

August 13, 2013

General Services Office
#1, Street 96,

Phnom Penh, Cambodia
Tel: 023 728 000
Fax: 023 728 400

Dear Prospective Offerors:

SUBJECT: Solicitation SCB600-13-Q-0013 – Request for Quotation for “Rapid Test for the U.S. Embassy Phnom Penh.”

The U.S. Embassy Phnom Penh invites you to submit a quotation for “Rapid Test”.
A detailed list of the rapid test is in the enclosure.

Your quotation must be submitted in a sealed envelope marked "Quotation for the Rapid Test for the U.S. Embassy in Phnom Penh" to GSO-Procurement Section, # 1, Street 96, Phnom Penh, CAMBODIA or be sent by email to PhnomPenhProcurement@state.gov on or before **2:00 PM on August 20, 2013**. However, we urge you to submit quote as soon as possible. No quotation will be accepted after this time.

In order for a quotation to be considered, you must also complete and submit the following:

1. SF-18
2. Specifications/performance characteristics and laboratory.

Late quotations will not be accepted and evaluation method is the lowest price, technically acceptable (LPTA) method.

Direct any questions regarding this solicitation to PhnomPenhProcurement@state.gov during regular business hours.

Sincerely,
Dianne Syrvalin
Contracting Officer

REQUEST FOR QUOTATIONS (THIS IS NOT AN ORDER)		THIS RFQ [] IS [x] IS NOT A SMALL BUSINESS- SMALL PURCHASE SET-ASIDE (52.219-4)			PAGE 1	OF 1	PAGES 3
1. REQUEST NO. SCB600-13-Q-0013	2. DATE ISSUED August 13, 2013	3. REQUISITION/PURCHASE REQUEST NO.	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	5. RATING			
5A. ISSUED BY American Embassy Phnom Penh # 1, St. 96, Sangkat Wat Phnom, Phnom Penh				6. DELIVER BY (Date) 4-8 weeks after issuing order			
5B. FOR INFORMATION CALL: (Name and telephone no.) (No collect calls)				7. DELIVERY			
NAME Dianne Syrvalin phnompenhprocurement@state.gov		TELEPHONE NUMBER AREA CODE 023 728 000		<input checked="" type="checkbox"/> FOB DESTINATION OTHER (See Schedule)			
8. TO:				9. DESTINATION			
a. NAME		b. COMPANY		a. NAME OF CONSIGNEE U.S Embassy Phnom Penh			
c. STREET ADDRESS				b. STREET ADDRESS # 1, St. 96, Wat Phnom			
d. CITY		e. STATE		f. ZIP CODE		c. CITY Phnom Penh, Cambodia	
				d. STATE		e. ZIP CODE	
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS (Date) August 19, 2013		IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5A. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter					
11. SCHEDULE (Include applicable Federal, State and local taxes)							
ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)		
01	Influenza A+B Rapid test (25 tests/kit)	75	kit				
02	Dengue NS-1 Rapid test (25 tests/kit)	70	kit				
03	PAN Malaria/P falciparum duo test (25 tests/kit)	25	kit				
04	Chikungunya IgM Rapid test (25-30 tests/kit)	25	kit				
12 DISCOUNT FOR PROMPT PAYMENT		a. 10 CALENDAR DAYS %	b. 20 CALENDAR DAYS %	c. 30 CALENDAR DAYS %	d. CALENDAR DAYS		
					NUMBER	%	
NOTE: Additional provisions and representations [X] are [] are not attached.							
13 NAME AND ADDRESS OF QUOTER			14 SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15 DATE OF QUOTATION		
a. NAME OF QUOTER							
b. STREET ADDRESS			16. SIGNER				
c. COUNTY			a. NAME (Type or print) Dianne Syrvalin			b. TELEPHONE	
d. CITY	e. STATE	f. ZIP CODE	c. TITLE (Type or print) Contracting Officer			AREA CODE	
						NUMBER	

Specifications of the Rapid Test:

No.	Item Requested	Performance Characteristics	Order QTY (Kits)
1	Influenza A + B Rapid test	In vitro rapid hand held chromatographic immunoassay for the detection of influenza A and B viral antigens from nasopharyngeal washes/aspirates, nasopharyngeal swabs and/or throat swabs of symptomatic patients	75
2	Dengue NS-1 Rapid test	In vitro rapid hand held immunochromatographic, assay designed to detect Dengue virus NS1 antigen in human serum, plasma or whole blood.	70
3	PAN Malaria/ P falciparum duo test	In vitro rapid, hand held qualitative and differential test for the detection of HRP-II (Histidine-rich protein II) specific to <i>P. falciparum</i> and pLDH (Plasmodium lactate dehydrogenate) Pan specific to <i>P.</i> species in human blood sample.	25
4	Chikungunya IgM Rapid test	In vitro rapid hand held IgM ELISA is a solid phase enzyme linked immunoabsorbent assay based on the principle of the indirect immunoassay technique for the detection of IgM anti-Chikungunya virus in human serum or plasma.	25

Submission of Invoices

Payment term: Full payment will be made via EFT within 30 days upon receipt of the products and invoices.

Invoice: Invoice should be clearly stated Purchase Order (PO) reference number and send to:

Financial Management Officer

1, St. 96, Sangkat Wat Phnom, Daun Penh

Phnom Penh, Cambodia

Email: PHPVoucher@state.gov